

# Friend of KSNA Award

**Award:** Given in 3 categories (could be 1-3 awards per year)

Industry Member (Individual or Company)

Legislator

State Personnel

**Criteria:**

Exhibit Extra Effort in furthering the efforts of KSNA

&/or

Work with KSNA on Special Projects or initiated & completed a project that enhanced the effectiveness of KSNA & Child Nutrition

&/or

Attend KSNA Annual Conference or Legislative Action Conference (Attendee or Presenter).

**Deadline:** May 1

**Award:** To be presented at the Annual State Conference

**FRIEND OF KSNA AWARD**  
**Nomination Form**

NAME: \_\_\_\_\_

NOMINATION: Check One (1)

\_\_\_\_\_ Industry Member

\_\_\_\_\_ Legislator

\_\_\_\_\_ State Personnel

List below the following information about the person you nominated:

\_\_\_\_\_ Years of Service with KSNA/SNA

Three words describing their work ethics involving School Nutrition issues

\_\_\_\_\_

Why did you nominate this individual?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(if extra space is needed, write on back of sheet or attach document)

**CRITERIA:**

Geared toward Legislators, Business Industry/individuals, District Administrator & State Personnel, or others who interact with KSNA/SNA in a positive and cooperative manner. They also affect School Nutrition issues and goals directly or indirectly. These individuals go above and beyond their job responsibilities to participate in or contribute to the success of KSNA/SNA.

**DEADLINE:** May 1.

**Submit to:** State President